SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEC 1 0 2018

Bayfield Co. Zoning Dept.

Permit #: 18-0501

Date: 12-17-18

Amount Paid: \$75 12-11-[8]

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONST	TRUCTION UNTI	L ALL PERMITS I	HAVE BEEN ISSUED TO APP	LICANT.	***************************************	FILL OU	T IN INK (	NO PENCIL	)	
TYPE OF PERMIT R	EQUESTED—	►   I LAN	D USE   SANITAR	Y   PRIVY	CONDITIONA	L USE   SPECIAL	USE 🗆	B.O.A. □	OTHER	
Owner's Name:		,	Maili	ng Address:		/State/Zip:	489	Teleph		
KONAL	DITA	cb	P	D BOX 19	4	WASHBUR	in w	10 713	773 5594	
Address of Property:	0 //		City/	State/Zip:	/L	popular		Cell Ph	one:	
32745 4	) activate	)	(1)	SKRURN U	NIC 54	1891				
Contractor:	V. O.				Plumber:	0 //		Plumbe	er Phone:	
00				NA	Λ	A				
Authorized Agent: (P	erson Signing Ap	olication on beha	If of Owner(s)) Agen	t Phone:	Agent Mailing Ad	dress (include City/State	e/Zip):	Writte	n Authorization	
								☐ Yes	□ No	
PROJECT	Legal Descr	ption: (Use T	ax Statement)	7023	4 7	0711	Recorder 9 9	d Document: (S	Showing Ownership)	
LOCATION	35,411,2550			11 100 000 000	, T	0 29			965	
1/4,	1/4	Gov't Lot	Lot(s) CSM	Vol & Page   CSI	M Doc#	Block(s) No.	Subdivis		,	
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Section 29	, Township	49 N, R	lange W	Town of:			Lot Size	Acre	eage	
				SAT	view				70	
			n 300 feet of River, Stre		Distance Stru	cture is from Shorelin	ne :	Is Property in	Are Wetlands	
☐ Shoreland →				vescontinue>			ft	oodplain Zone	? Present?	
	☐ Is Proper	ty/Land withi	n 1000 feet of Lake, Po		Distance Stru	cture is from Shorelin		Yes	X Yes	
			ir y	escontinue>	-		feet	XNo	Pendo	
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of Completion					# of bedrooms		hat Type		Type of	
* include donated time &	Pro	ect	# of Stories	Foundation	in		Sanitary S		Water	
material					structure	Is on	the prope	erty?	property	
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İ	☐ Addition	/Alteration	☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanitary	Specify T	уре:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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Proposed Construence Proposed Use Residential Use Commercial    Municipal Use   (we) declare that this ap (are) responsible for the cresult of Bayfield County property at any reasonable Owner(s):   (If there are Multip Authorized Agent:	Jse  Use  Use  plication (includin detail and accuracy relying on this inflet time for the pur library on th	Bunkhou Mobile H Addition Accessor Accessor Condition Other: (e. FAILURE TO g any accompanyin of all information I (we) are pose of inspection	Structure (first structure (i.e. cabin, hunting with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Gase w/ ( sanitary, or lome (manufactured day Alteration (specify) y Building (specify) y Building Addition/ase: (explain)	rage  sleeping quarters ate)  Shack, etc.)  rage  sleeping quarters ate)  Alteration (specify)  and to the least it will be relied upon by application. I (we) consent  letter(s) of authorization mu	without A Permi best of my (our) knowl Bayfield County in de to county officials characteristics accompany this	Width: Width:  Width:  Width:  Width:  Width:  Width:  Width:  Willers   (2)  Wil	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Height:  Ensions  X  X  X  X  X  X  X  X  X  X  X  X  X	Square Footage  25 ©	

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (3)Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show:  $(*) \ \textbf{Well (W);} \ (*) \ \textbf{Septic Tank (ST);} \ (*) \ \textbf{Drain Field (DF);} \ (*) \ \textbf{Holding Tank (HT)} \ and/or \ (*) \ \textbf{Privy (P)}$ Show any (\*): (6) (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% See Attached Map Please complete (1) - (7) above (prior to continuing) hanges in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement

Setback from the Centerline of Platted Road 81 Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Established Right-of-Way 148 Feet Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line 148 Feet Setback from the South Lot Line 473 Feet Setback from Wetland Feet Setback from the West Lot Line 282 Feet 20% Slope Area on the property ☐ Yes No Setback from the East Lot Line 375 Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank 100 Feet Setback to Well Feet Setback to Drain Field Feet 7 100' Setback to Privy (Portable, Composting) Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

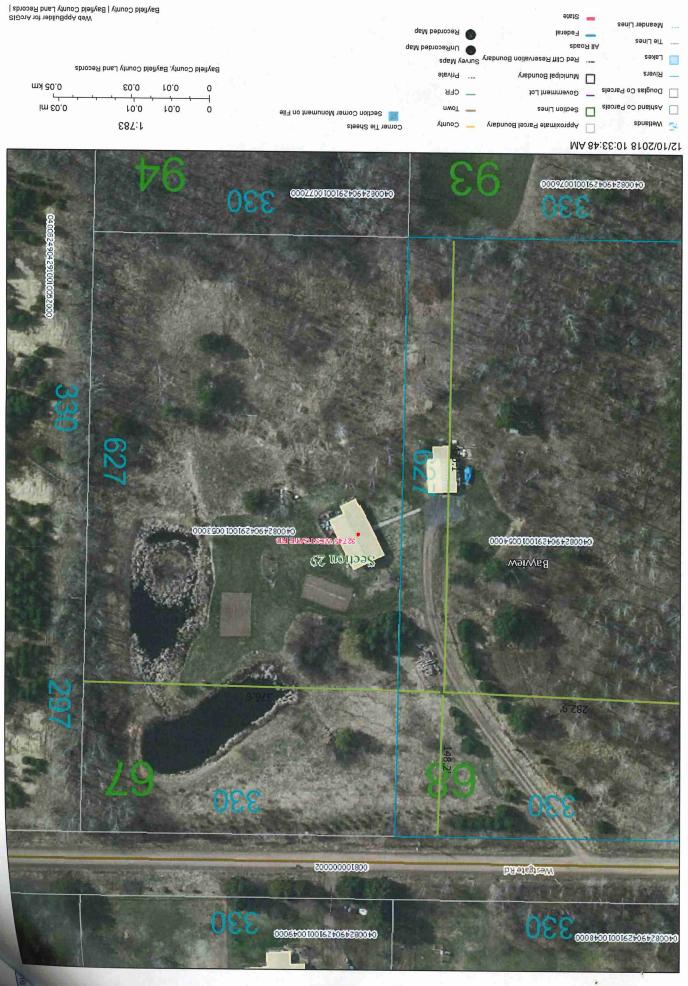
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 367	465	# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:									
Permit #: 18-0801	Permit Date: 18-17-	-18								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  □ Yes  (Deed of Record Yes (Fused/Contigue □ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes Mo☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No						
Granted by Variance (B.O.A.)  ☐ Yes No Case #:	/ Variance (B.O.A.)	#:								
Was Parcel Legally Created Was Proposed Building Site Delineated  ▼Yes □ No	Tolp	Were Property Lines Represented by Owner  Was Property Surveyed □ Yes □ No  ▼No								
Inspection Record: Location indicated on provided map/Plot plan aliqued with tarped Zoning District ( Al area on-site. Project appears code compliant.  Lakes Classification ( -										
Date of Inspection: 12/12/18	Inspected by: Toda	Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.)  Structure Shall not be used for human hebitation / Sleeping Purposes. No pressurized waster in Structure Without approved connection to PowTS. Must meet and maintain set backs.										
Signature of Inspector: Todd Norwind				Date of Approval: 12/12/18						
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affidav	it: 🗆	Hold For Fees: 🗌							



City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18	-0501			Issued	d To:	Ror	nald	Jack							-
Location:	_	1/4	of	_	1/4	Section	on	29	Township	49	N.	Range	4	W.	Town of	Bayview
Gov't Lot			Ĺ	.ot	67 &	68	Bloc	k	Sul	bdivisio	n <b>A</b> .	A.Bigel	ow		CSM#	
4																

For: Residential Use: [1 - Story; Shed (16' x 16') = 256 sq. ft.; ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## **Todd Norwood**

**Authorized Issuing Official** 

**December 17, 2018** 

Date

## APPLICATION FOR

**Bayfield County Planning and Zoning Department** P.O. Box 58 117 East Sixth Street Washburn, WI 54891 Phone - (715) 373-6138



Bayfield Co. Zoning De

Zoning District/Lakes Class 46 Application No. 18-05

Office Use:

Fee Paid \$ 75 RV \$175

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Changes in plans must be approved by the Zoning Department

Property Owner Steven & Kimberly Spiel	of RV placement.  Washur, W. 54891
Mailing Address 3558 S. 955 St	(DUSHOUM, W. 5489)
m, W, W, 53228	Agent:
Telephone 262-373-1245	Written Authorization Attached: Yes ( ) No ( √)
Accurate Legal Description involved in this request:	
Sw)1/4 of SE 1/4 of Section $\frac{3}{3}$ Township $\frac{49}{9}$ N.	Range <u>OS</u> W. Town of Bayuses
Gov't Lot Lot Block Subdivision	CSM #
Volume 038 Page 818 of Deeds Parcel I.D. # tax	d 10844 Acreage 5 stores
Additional Legal Description:	ATTACH Copy of Tax Statement
Is your RV in a Shoreland Zone? Yes  No  If Yes, Distance	from Shoreline: 75' or greater $\square$ < 75' to 40' $\square$ less than 40' $\square$
RV: New ☑ Replacement ☐ <u>Year</u> :	1999 Vin #: 1 NL1 DF P24X1056388
Make of RV: Gulfstram Model	of RV: Spandwk

FAILURE TO OBTAIN A PERMIT OF PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

### APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued:  Sanitary Number Date  Issuance Date Permit Number Permit Denied (Date)  Reason for Denial:			
Issuance Date 12-20-18 Permit Number 18-0508 Permit Denied (Date)  Reason for Denial:		For Office Use Only	Zoning District/Lakes Class: Ab-1/-
Reason for Denial:	Permit Issued:	Sanitary Number _	Date
	Issuance Date <u>12-20-18</u>	Permit Number 18-05-8	Permit Denied (Date)
and built to alteration and the	Reason for Denial:		
Inspection Record: Re-existing RV meets set backs and appears and compliant, 190 sq. At Shed ons.  By Toold Norwood Date of Inspection 12/18/18	Inspection Record: Re-existing	RV meets set backs and appears	Inspection 12/18/18
Variance (B.O.A.) #	Variance (B.O.A.) #		
Condition: RV may be placed up to 4 months from issuance date. Must be removed by:    NA   Notwood   12   18   18   18   18   18   18   18		Signed 15dd Notwood	12/18/18

frontage road as a guideline, and indicate North (N) on plot plan Recreation Vehicle) location **IMPORTANT** Detailed Plot Plan is Neccessary w dimensions in feet on the following: a. RV from centerline of road(s). d. RV from lake, river, stream or pond b. RV from right-of-way line e. RV from Privy 10 4+ c. RV from property lines 500 ← Lot Lot → Line operty surveyed per landowner conversation 12/1/10 Name Frontage Road (1515)

NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent Steven or Kun	belly Spil	Date
Address to send permit 3558 5,950 St	milwakeeru	1,53228

Line

May Also Be Required

After - the - Fact

LAND USE - X

SANITARY - X (Privy)

SIGN 
SPECIAL - Class A

CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0508	-			Issued To	o: {	Steven & K	Cimbe	rly S	Spiel				
Part of		½ of	SE	1/4	Section	13	Township	49	N.	Range	5	W.	Town of	Bayview
Gov.t L	.ot		L	.ot		Bl	ock		Sul	odivision			CSM	#
For: l	Recreation	onal Ve	hicle	(RV)	and	Priv	/y (Portabl	e Res	stroc	m)				
	Gulfstre imer): Ar				Seahawl developme		Vehicle #: lld require add	1NL1	DFP permit	24X1056 ting.	6388	3	Year: 19	999
Condition	on: <b>May n</b> <b>porta</b> l	ot be u ble rest	sed f	or po	ermanen vicing co	t resi	dence. Ma ct.	intair	ı poı	table re	stro	om į	per privy	agreement and
NOTE:	This manual	14 ·											Todd No	rwood
WOIE.	This permit expires one year from date of issuance if the authorized cor work or land use has not begun.				constru	ıction		Authorized Issuing Official						
	Changes in	n plans or	specific	cations	shall not be	made	without obtaini	ng appı	oval.					
					d if any of the		cation informat te.	ion is fo	und		* 1	D	ecember)	20, 2018
	This permi	t may be v	oid or r	evoke	d if any perfo	ormano	e conditions ar	e not		) <del></del>			Date	